

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION: (PLEASE PRINT CLEARLY)

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/  
Zip Code \_\_\_\_\_  
DBA/  
Trade Name \_\_\_\_\_

2. TAX IDENTIFICATION NUMBER(S):

HAWAII GENERAL EXCISE ID # \_\_\_\_\_  
FEDERAL EMPLOYER ID # \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CORPORATION               | <input type="checkbox"/> S CORPORATION                 | <input type="checkbox"/> TAX EXEMPT ORGANIZATION               |
| <input type="checkbox"/> INDIVIDUAL                | <input type="checkbox"/> PARTNERSHIP                   | <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |  |

4. THE TAX CLEARANCE IS REQUIRED FOR:

- |   |   |
|---|---|
| <input type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE *   |
| <input type="checkbox"/> REAL ESTATE LICENSE                                    | <input type="checkbox"/> CONTRACTOR LICENSE |
| <input type="checkbox"/> FINANCIAL CLOSING                                      | <input type="checkbox"/> PROGRESS PAYMENT   |
| <input type="checkbox"/> HAWAII STATE RESIDENCY                                 | <input type="checkbox"/> FEDERAL CONTRACT   |
| <input type="checkbox"/> SUBCONTRACT  | <input type="checkbox"/> OTHER _____        |
|   | <input type="checkbox"/> BULK SALES         |
|   | <input type="checkbox"/> PERSONAL           |
|   | <input type="checkbox"/> LOAN               |

\* IRS APPROVAL STAMP IS FOR PURPOSES INDICATED BY ASTERISK

5. NO. OF CERTIFIED COPIES REQUESTED:

6. SIGNATURE:

PRINT NAME

PRINT SPECIFIC TITLE: Corporate Officer, General Partner, Individual (Sole Proprietor)

SIGNATURE

DATE

TELEPHONE

FAX

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner, or Individual (Sole Proprietor), a power of attorney (State of Hawaii Department of Taxation Form N848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL**

**SEE PAGE 2 ON REVERSE & INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
/ /

HAWAII RETURNS FILED  
IF APPLICABLE  
19\_\_\_\_ 19\_\_\_\_ 19\_\_\_\_

STATE APPROVAL STAMP

\*IRS APPROVAL STAMP

CERTIFIED COPY STAMP

7. CITY, COUNTY, OR STATE GOVERNMENT CONTRACT: ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment
8. LIQUOR LICENSING: ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
9. CONTRACTOR LICENSING: ☐ Initial ☐ Renewal
10. STATE RESIDENCY: DATE APPLICANT ARRIVED IN HAWAII \_\_\_\_\_
11. ACCOUNTING PERIOD: ☐ Calendar year ☐ Fiscal year ending \_\_\_\_\_  
(MM/DD)
12. TAX EXEMPT ORGANIZATION: Provide the Internal Revenue Code Section that applies to your exemption. \_\_\_\_\_
13. CORPORATION: Parent Corporation Name \_\_\_\_\_ FEIN \_\_\_\_\_
14. INDIVIDUAL: Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
15. IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:
- A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO
- B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO
- C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO

16. FILING THE APPLICATION FOR TAX CLEARANCE:

Mail the completed applications to the Department of Taxation office which issued your General Excise Number. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation.

State Dept. of Taxation  
OAHU DISTRICT OFFICE  
P.O. BOX 259  
HONOLULU, HI 96809-0259  
TELEPHONE NO. (808) 587-4242  
TOLL FREE 1-800-222-3229  
or  
830 PUNCHBOWL STREET  
HONOLULU, HI 96813-5094

State Dept. of Taxation  
MAUI DISTRICT OFFICE  
P.O. BOX 1169  
WAILUKU, HI 96793-6169  
TELEPHONE NO. (808) 984-8500  
or  
54 S. HIGH STREET, #208  
WAILUKU, HI 96793-2198

State Dept. of Taxation  
HAWAII DISTRICT OFFICE  
P.O. BOX 833  
HILO, HI 96721-0833  
TELEPHONE NO. (808) 974-6321  
or  
75 AUPUNI STREET, #101  
HILO, HI 96720-4245

State Dept. of Taxation  
KAUAI DISTRICT OFFICE  
3060 EIWA STREET, RM. 105  
LIHUE, HI 96766-1889  
TELEPHONE NO. (808) 274-3456

Internal Revenue Service  
COLLECTION DIVISION - TC  
300 ALA MOANA BLVD., #50089  
HONOLULU, HI 96850-4322  
TELEPHONE NO. (808) 541-1160

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms Request Code-a-Phone on Oahu at (808) 587-7572 or toll-free at 1-800-222-7572. The form A-6 can be downloaded from the Department of Taxation website (<http://www.state.hi.us/tax/tax.html>).

FOR OFFICE USE ONLY

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			